



# DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care Financing Administration

Center for Medicaid and State Operations

7500 Security Boulevard  
Baltimore, MD 21244-1850

Mr. Ray Hanley, Director  
Arkansas Department of Human Services  
Division of Medical Services  
Donaghey Plaza South  
P.O. Box 1437, Slot 1100  
Little Rock, Arkansas 72203-1437

Dear Mr. Hanley:

I am pleased to inform you that your request for a new home and community-based waiver for children with physical disabilities as authorized under section 1915(c) of the Social Security Act has been approved. Specifically, this waiver will provide respite care to children from birth to 19 years of age with physical disabilities, who are clients of Children's Medical Services (CMS) receiving Medicaid services. This waiver has been assigned control number 0364 which should be referenced in all future correspondence relating to this program.

Arkansas has assured us that this waiver, providing only respite care, is to enhance the existing Medicaid EPSDT services, community supports and other services that these children are currently receiving. CMS coordinators will work with the families of the children on this waiver to ensure that the children receive all needed services. In order for Arkansas to ensure the health and welfare of the children on this waiver, the state has also assured us that if a child exhausts the allotted funds under this waiver for respite care, he/she will be able to access emergency funds, utilize emergency in-facility respite care, and/or receive re-allocated respite funds in a crisis situation.

Based on these and other assurances and additional information you have provided, I approve the waiver request cited above for a three-year period effective October 1, 2001, as requested. With a satisfactory showing, the waiver will be renewed at the end of the three-year period. The following estimates of unduplicated recipients and the average per capita cost of waiver services have been approved:

<u>Year</u>	<u>Unduplicated Recipients</u>	<u>Factor D</u>
1	200	\$895.00
2	200	\$895.00
3	200	\$895.00

This approval is subject to your agreement to serve no more individuals than those indicated above. If Arkansas wishes to serve more individuals or make any other alterations to this waiver, a waiver amendment must be submitted for approval.

Sincerely,

Mary Jean Duckett, Director  
Division of Benefits, Coverage, & Payment  
Disabled and Elderly Health Programs Group

cc: Texas Regional Office

g: bcp2/poisa/waiver/ar364app.doc